

Project ID# _____

HB# _____

Completion Report
Local Government Projects
Governor's Office for Local Development

Type of Award

Please check one of the following (double-click on box to check):

☐

Local Government Economic Development Fund (LGEDF) Line-item

☐

LGEDF Grant

☐

Community Economic Growth Grant (CEGG)

☐

Other Line-item projects

Project

Project Title: _____ Contract Number: _____

Type of Project (construction, revitalization, purchase of land/equipment, etc.):

Project Allocation: \$ _____

Total Actual Funds Received: \$ _____ Total Actual Funds Expended: \$ _____

Has final draw been made? Yes: _____ No: _____

Recipient/Grantee

Legal Recipient/Grantee: _____

Street Address: _____

City, State, Zip Code: _____ Office Phone: _____

Official's Name: _____ County/City/Other: _____

Close-Out Narrative

Provide a narrative of how the project was completed (REQUIRED):

Completion Report

Date of Project Completion: _____

Were any designated funds left over? (check one) ☐ yes ☐ no

If yes, please list dollar amount: \$ _____

Explain why (REQUIRED):

PLEASE NOTE: Any remaining funds must be returned to the Governor's Office for Local Development by check payable to the Kentucky State Treasurer.

Checklist

Make sure to complete all relevant forms and mail to the Governor's Office for Local Development.

- ☐ Attachment A-Financial Report
- ☐ Attachment B-Real Property ☐ Other financial reports, invoices and relevant documentation

Signatures

It is hereby certified that all activities undertaken by the recipient with funds provided under the Memorandum of Agreement (MOA) have to the best of my knowledge been carried out in accordance with the MOA and Project Scope of Work, that all funds have been expended or returned to the Commonwealth of Kentucky and that every statement and amount set forth in this instrument is true and correct as of this date.

Name and Title of Chief Executive Officer: _____

Signature: _____ Date: _____

Name and Title of Third Party Recipient: _____

Signature: _____ Date: _____

FOR GOLD USE ONLY: This completion report is hereby approved. The MOA and all supporting documents required are received.

Name and Title of GOLD Administrator: _____

Signature: _____ Date: _____

All records for this project are required to be maintained for three (3) years from the date of completion.

Attachment A: Financial Report
Local Government Projects Completion Report
Governor's Office for Local Development

Please list all financial transactions of project (group like items together). Note: All attached forms are final pending completion and receipt of this financial report.

[illegible]

Signature

Check below and sign to certify attachment of all final close-out documents (e.g. inspections, certification of occupancy, copies of information, permits, invoices, receipts, etc.)



All copies of final close out documents are attached.

Signature: _____ Date: _____

Attachment B: Real Property Acquisition
Local Government Projects Completion Report
Governor's Office for Local Development

Property Acquisition

Did this project involve the acquisition of real property? (check one) ☐ yes ☐ no

If yes, a copy of the deed transferring title must be attached to the back of this form if not already on file at GOLD.

Please check to certify that a copy of the deed transferring title of any real property acquisition is attached:

☐

Copy of deed is attached.

☐

Copy of property survey, meets and bounds, etc. is attached.
